

City of Trinity Volunteer Application

If you are a Trinity resident, at least 18 years old, and willing to volunteer your time and expertise to your community, please complete and submit this form.

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NAME:	
HOME ADDRESS:	
MAILING ADDRESS (if different):	
CITY, STATE ZIP:	
TELEPHONE: (W)	_(H)
FAX:	
E-MAIL:	WARD:
PLACE OF EMPLOYMENT:	
PLEASE LIST (IN ORDER OF PREFERENCE) THE WHICH YOU WOULD BE WILLING TO SERVE. Boards: Planning & Zoning Board; Utilities Committed 1.	(City of Trinity supports the following ee)
2	
PLEASE LIST ANY WORK, VOLUNTEER, AND/OWOULD LIKE US TO CONSIDER IN THE REVIE FREE TO ATTACH A RESUME. WORK EXPERIENCE:	OR EDUCATIONAL EXPERIENCE YOU W OF YOUR APPLICATION. FEEL
VOLUNTEER EXPERIENCE:	
EDUCATION:	
OTHER COMMENTS:	

(continued next page)

ARE YOU A REGISTERED VOTER?	Yes	No	
CONFLICT OF INTEREST: A conflict of committee member has a separate, private issue or transaction under consideration. discuss, advocate, or vote on any matter is which reasonably might appear to be in copublic business.	te, or monetary in Members of advi in which they hav	terest, either direct or indirect, in any sory boards and commissions shall no e a conflict of interest or an interest	t
A conflict of interest does not preclude a conflicts of interest protects both you and with any matters you may address if appo	d the City. Do you	a foresee having a conflict of interest	
Yes			
Please explain:			_
No			
Signature		Date	

The City of Trinity performs background checks on volunteers